



Appendix C

Guideline Comparison

Comparison of KDOQI, ADA, and JNC-VII Guidelines. Focus on CKD-Related Guidelines

KDOQI (NGC, from Am J Kidney Dis 2002 Feb)	ADA (in “Standards of Medical Care,” Diabetes Care 30 (suppl) 2007 Jan)	JNC-VII
#1: Definition and Stages of CKD defined by GFR		
<p>#2: Evaluation and Treatment.</p> <ol style="list-style-type: none"> 1. CKD patients should be evaluated for diagnosis, comorbidities, severity, complications, risk for loss of kidney function, risk for CVD 2. Treatment of CKD should include dx-based therapy, E&M of comorbidities, slowing loss of kidney function, prevention and treatment for CVD, cx of dec. kidney function, preparation for replacement, and replacement/transplant 3. Develop clinical action plan. 4. Review medication 5. Incorp. S/M into tx plan 6. Referral to nephrologist for eGFR<30 	<p>V.A. The comprehensive diabetes examination includes, among other components, tests for microalbuminuria and serum creatinine (and calculation of eGFR)</p>	<p>Physical exam should include... examination of the abdomen for enlarged kidneys, masses, and abnormal aortic pulsation...</p> <p>Routine laboratory tests recommended before initiating therapy include ...blood glucose and hematocrit; serum potassium, creatinine (or the corresponding estimated glomerular filtration rate [GFR]), and calcium; and a lipid profile... Optional tests include measurement of urinary albumin excretion or albumin/creatinine ratio..</p>
#3: Patients at increased risk for CKD should be assessed		